PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ADEMA The Panerwork Reduction	Act of 1995	no persons are required to	respond to a collection	of information unles	s it disnlavs a vali	d OMB control number	
Effective on 12/08/2004			1	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num	ber 09/	766,161		
FEE TRANSMITTAL			Filing Date	Jan	<u>uary 19,</u>	2001	
For	<b>FY 20</b>	005	First Named Inve	entor Mic	hael S. C	olman	
			Examiner Name	Men	on. Krish	nan S	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	172	3		
TOTAL AMOUNT OF PAYM	ENT (\$)	450.00	Attorney Docket	No. MCA	-538		
METHOD OF PAYMENT (check all that apply)							
X Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
1 10.00.30							
A under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
1. BASIC FILING, SEAR	FILING	FEES SEA	AKCH FEES	EXAMINATIO		ł	
A II All a m Troma	Fee (\$)	Small Entity	Small Entity (\$) Fee (\$)		l Entity e (\$)	Fees Paid (\$)	
Application Type	300	Fee (\$) Fee 150 500			00		
Utility	200	100 100			- 65 -		
Design	200	100 30	-		80 -	<u>.</u>	
Plant		100			00 -	<u></u>	
Reissue	300	120	0 0	0	0 -		
Provisional	200	100	U U	V	-	Small Entity	
2. EXCESS CLAIM FEES  Fee (\$) Fee (\$)							
The Design of the Poisson and Claim over 20 and more than in the original patent							
Each claim over 20 or, for Reissues, each independent claim more than in the original patent 200 180							
Multiple dependent claim	IS		ee Paid (\$)	Multiple Depe		300	
Total Claims - 20 or HP =	Extra Clain	ns <u>Fee (\$)</u> <u>F</u>	ee raid (4)	Fee (\$)	Fee Paid	<u>(\$)</u>	
HP = highest number of total of	laims paid fo	or, if greater than 20				<del></del>	
Indep. Claims	Extra Clain	ns <u>Fee (\$)</u> <u>F</u>	ee Paid (\$)				
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3							
Total and drawings exceed 100 sheets of paper, the application size ice due is \$250 (\$125 tot office)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 57 CFR 1770(5).							
/round up to a whole number) X							
Fees Paid (\$)							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							
-			,			\$450.00	
Other: Two month extension fee							
SUBMITTED BY Registration No. 32, 579 Telephone 508–898–1818							
	· MA		Registration No.	32 579	I reseptione a	2181-848-1818	

(Attorney/Agent) Signature Date Oct. 20, Kevin S. Lemack Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 2 4 2005 PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. AT & TRAPEMA Application Number 09/766,161 Filing Date TRANSMITTAL January 19, 2001 First Named Inventor Michael S. Colman FORM Art Unit 1723 1944 y 1941 - O. Marella, **9**48 Examiner Name Menon, Krishnan S. and the set of the state of (to be used for all correspor;dence after initial filing) Attorney Docket Number MCA-538 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC **√** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund Express Abandonment Request ... CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD JUG 127. 24. (1) 13. Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ 11.14.5 11.1 Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Nields & Lemack Signature Printed name Kevin S. Lemack Reg. No. Date 32,579 October 20, 2005

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Kevin S. Lemack

October 20, 2005

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